

The Periodic Health Appraisal of Employees

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INDUSTRY AND MANAGEMENT have become increasingly aware of the frequency of premature death and disability in the 40 to 60-year-age group, especially among their male executives.* A number of factors have contributed to the current interest: Articles in the lay press have emphasized the importance of preventive care, and President Eisenhower's illnesses and periodic health appraisals have done much to focus attention on the importance of preventive medicine.¹¹ Apparently, stressful industrial situations and the increased tempo of life contribute to the hazards of this age group⁴—the years in which executives are most valuable to their companies. For this reason, several large corporations are pioneering in the field of periodic health examinations for executives and other key personnel.^{7,9,10} The program of periodic health appraisals is gaining such impetus that unless members of the medical profession (1) crystallize their thinking in this field, (2) formulate sound principles for the health appraisal programs, and (3) make concrete recommendations concerning these examinations, the entire program may fall into complete disrepute.

Commonly, these examinations are of four types:⁶ (1) Evaluation of a person in a hospital; (2) clinic evaluation; (3) examination of the kind given by the home town internist, and (4) evaluation by the medical director of the company.⁸ In the past, examination by the company medical director has often been relatively superficial, for one reason because full cooperation of the person examined is frequently hard to secure owing to the implication that results of the examination are to be passed on to the company. Not only are hospital and resort evaluations unnecessarily expensive from the standpoints of time and money, but detailed information obtained in these examinations is not immediately available to the employee's physician when necessary.

Years of experience in this field have taught the authors that the most important element in the establishment and continuance of an effective periodic health examination program is the maintenance of such a program on a voluntary and confidential basis.

We shall discuss here only the kind of examination we believe to be the most rewarding—periodic examination by the home town internist. The great

• Periodic health appraisals for employees in business and industry are desirable and effective. Male executives over the age of 40 constitute the group most in need of them. Examinations of the kind done for private patients, including careful history-taking and thorough physical observation, are the most reliable, economical and productive.

Undesirable factors to be guarded against in these examinations are unnecessary hospitalization, excessive laboratory and radiologic procedures and absence of rapport between examiner and examinee.

Ideally, the results of the examination should be made known to the employee only—not to the employer except with the stated permission of the employee.

majority of physicians would agree that the medical problems of the seriously ill patient can best be handled by beginning with that kind of examination. It follows, therefore, that the most effective way to approach the problems of the potentially ill but ostensibly well person is through the same kind of examination.

We believe that the periodic health appraisal should be approached in the precise and methodical manner used in the private practice of internal medicine. As in the examinations of other patients, the core of the periodic appraisal is the careful, complete history and a thorough physical examination. On the basis of the history and findings in the physical examination, we can determine which laboratory procedures are essential for thorough appraisal of the particular patient. Certain tests are necessary in every instance if we are to assure ourselves and the person examined that important physiologic processes are within normal limits. These are: (1) A complete blood cell count, with hematocrit; (2) determination of erythrocyte sedimentation rate; (3) complete urinalysis, concentrated to 1.018 if possible; (4) serology; (5) stool examination for parasites and occult blood; (6) x-ray examination of the chest, and (7) an electrocardiogram.⁵ Additional laboratory procedures are employed only if specifically indicated by a careful evaluation of the patient's history and findings in the physical examination.

One serious and valid criticism of the periodic health appraisal programs of today is the frequent excessive dependence upon exhaustive laboratory

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*References 1, 2, 7, 8, 9, 10.

and radiologic procedures which make the examination costly and tedious but add little to the efficacy of it.³ Indeed, they may even detract from the value of the health appraisal, because they divert attention from and tend to obscure central problems. A return must be made to careful history-taking and physical examination followed by indicated laboratory procedures.

A fact to be borne in mind at all times is that these examinations should be entirely voluntary on the part of the employee, and that if it entails anything that is not acceptable to him, employee participation in the program will thereby be decreased. One area of controversy is the routine inclusion of sigmoidoscopic examinations in periodic health appraisals. Although medical literature is replete with reports of discovery of unsuspected lesions in routine sigmoidoscopy, the public is not yet conditioned to accept this measure as part of the periodic examination. Rather than insist on the inclusion of this procedure or any other which might materially disturb participation in the program, we feel that it is wiser to perform special examinations only when indications are clear-cut—just as we do in private practice with our other patients.

If possible, health appraisals of this kind should be carried out in the employee's own community. There is much to be gained in permitting the family physician to perform the examination, provided he is qualified to carry out the kind described, since his knowledge of the patient's health history, daily habits and family problems provides a background or setting otherwise unavailable for the evaluation of current findings. This permits a thorough examination which is economical as to both time and money. The physician-patient relationship already built up between the employee and his physician reassures the employee that the results of the appraisal will remain entirely confidential. If the family physician is not equipped to perform these examinations meticulously, they can be accomplished most effectively by a local physician trained in internal medicine. Using local examiners permits better continuity of medical care should the employee become seriously ill, for the information in the health appraisal is immediately available. Providing the employee with an opportunity to use a physician of his own choice emphasizes the voluntary and confidential nature of the examination and promotes the feeling that the examination is a benefit granted by the employer.

All examinations should be conducted in an orderly manner—with fixed appointments promptly met, for this will impress the physician as well as the employee with the importance of the appraisals. Evaluation of approximately a thousand cases of this type has convinced us that the employee should be dealt with exactly as is a private patient.

Once the examination and any indicated special procedures are completed, we insist that the patient return for a review of our observations and for our recommendations. The return visit following the appraisal has a two-fold purpose: It gives us an opportunity to arrange for further procedures as indicated and to set the date of the next appraisal; and the patient is able to discuss the results of his examination and to air any existing anxieties.

Ideally, no report of any kind should be supplied to the employer. We prefer to evaluate our findings orally with each patient at the time of the return visit. Written reports should be given to the employee or to the family physician only if the employee specifically requests that this be done. If the physician, the employee and the employer are agreed that a report should be supplied the company, this report should be initialed by the employee or, better, given to him for transmittal to the employer.

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